



Washington

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>12-15-06</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>
 Latrice Greene Director of Classification Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017	<p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2:06cv1082-MHT (Complainer 40 days)</p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0001 2962 1232</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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 Sandra Hayes Classification Specialist Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017	<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2:06cv1082-MHT (Complainer 40 days)</p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0001 2962 1249</u></p>	
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<p style="text-align: center;"> </p> <p>Brian Mitchell, Psychologist Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2:06cv1082-MHT (Complainer 40 dep)</p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0001 2962 1201</u></p>	
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<p style="text-align: center;"> </p> <p>Gwendolyn Mosley, Warden Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2:06cv1082-MHT (Complainer 40 dep)</p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0001 2962 1218</u></p>	
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Charlotte Wilson
Classification Specialist
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gloria Lora

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-15-06

Address different from item 1? ☐ Yesdelivery address below: ☐ No

3. Service type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2:06-cv-01082-MHT (Completed 40 days)

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 1225

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540